

# PSR Update for Association Plans



October 20, 2008

# Agenda

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- Welcome and Introductions
- Today's Objectives
- PSR Project Update
- Benefits to Association Plans
- Sample Process Flows
  - Health Enrollment & Demographic Changes
  - Premium Process
  - Deduction Register
- Review my|CalPERS Touchpoints
- Key Dates and Next Steps

# Meeting Objectives

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- Provide update on PSR Project Progress
- Share benefits of my|CalPERS
- Confirm understanding of current data exchange processes
- Walk through major changes coming with my|CalPERS
- Discuss key dates and next steps

# PSR Project Update

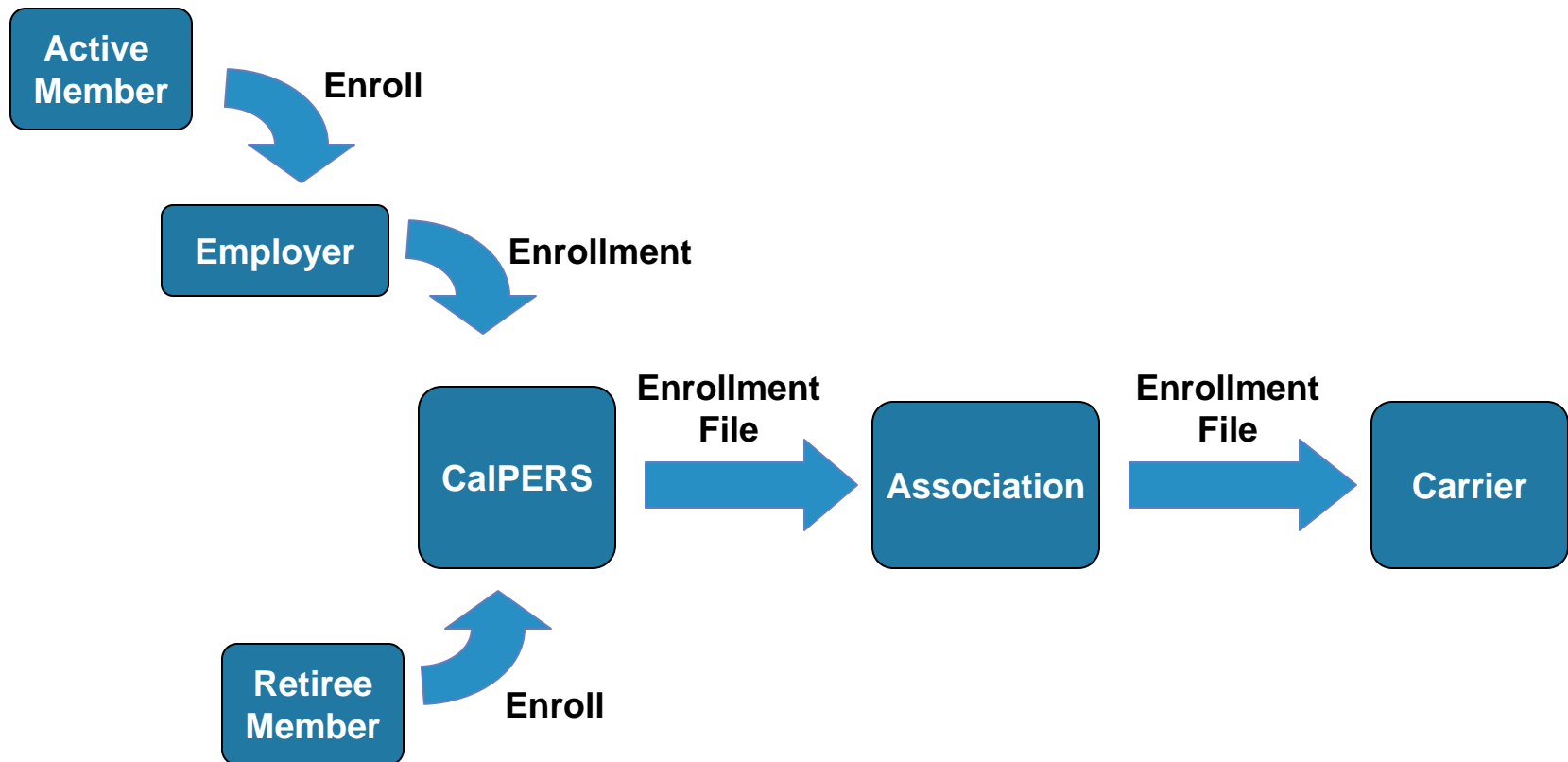
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- General Design Phase - Complete
  - User Interfaces
  - Business Rules
  - Screen Mock Ups
- Detail Design approximately 65% complete
- System Test activities underway
- System name established – my|CalPERS

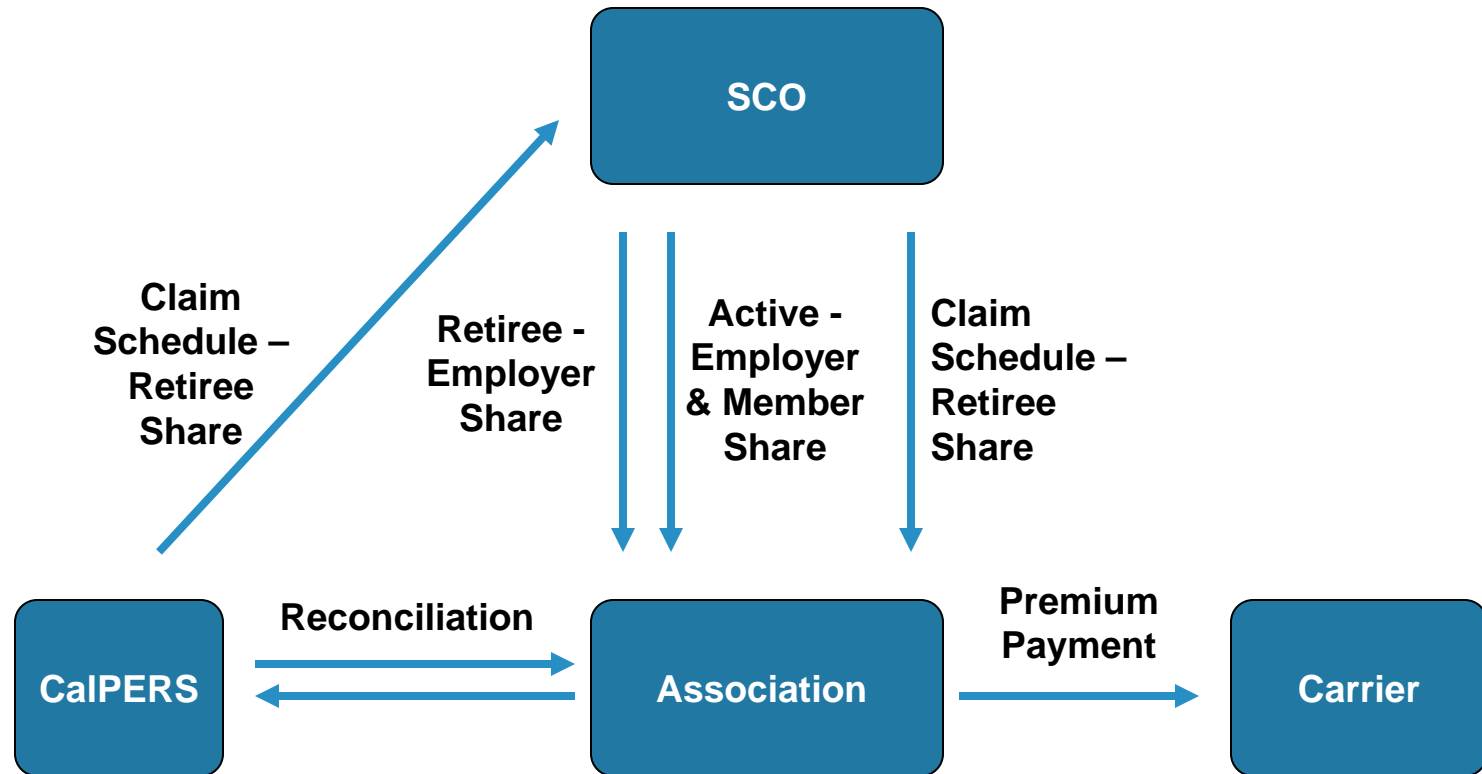
# Benefits

Stakeholder	Benefits
<p data-bbox="183 444 494 554"><b>Association Plans</b></p> 	<p data-bbox="540 396 1671 521">Improved access to data and notification of changes</p> <ul data-bbox="614 546 1812 1168" style="list-style-type: none"> <li>• Increased accuracy of payments</li> <li>• Reduced premium discrepancy notices</li> <li>• Ability to generate deduction registers</li> <li>• Ability to review subscriber summary enrollment information online</li> <li>• Automatic enrollment change notifications for 23 year-old deletes, death, and demographic changes impacting health coverage</li> <li>• Ability to review Health Plan details online</li> </ul>

# Association Plans – Enrollment Flow



# Association Plan – Premium Flow



- On-line View Access
- On-line Discrepancy Reporting
- On-line Deduction Register Downloads
- ZIP Code Reporting
  - Annual & Monthly
- Health Enrollment and Demographic Files (ANSI 834)
  - Daily & Full File
- Cancellation of Coverage File Transfer for Direct Pay and COBRA
- Validated Retiree Drug Subsidy Data



## On-line View Access

Association Plans and Health Carriers will have on-line view access to:

- Summary of their Health Plan Information
- Detailed Health Plan Information
- Subscriber's Health Enrollment Summary



# my|CalPERS Touchpoint

## List of Health Plans

May 15, 2008

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my|CalPERS

Home Participant Business Partner Reporting Benefits Admin Processes Workflow

Context Summary Cases Reports

Name: Blue Shield

CalPERS ID: 0123456789

Common Tasks

View Notes

View Reports

Submit Inquiry

Initiate Work

View Document History

Generate and Distribute Document

Maintain

Addresses

Relationships

SCP Employer Certification

Inquiry List

View Preprocessing Area

Plan Search

Plan Name: Blue Shield of California Bay Area/Sacramento

Plan Status: Active

Search

Plans Add New

Plan Name	Base Plan Code (Basic)	Base Plan Code (Supplemental)	Effective Date	Active Close Date	Termination Date	End Date
Blue Shield of California Bay Area/Sacramento	301	302	01/01/2007	10/01/2007	01/01/2008	12/31/2007
Blue Shield of California	303	304	01/01/2007			
Blue Shield of California North	305	306	01/01/2007			
Blue Shield of California South	307	308	01/01/2007			
Blue Shield of California LA	309	310	01/01/2007			

Showing records 1 - 6 < | 1 2 3 4 5 6 7 8 9 10 ... > | >

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# my|CalPERS Touchpoint

Health Plans and Carriers can access Detailed Plan Information on-line.

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**my|CalPERS**

Home Profile Reporting Benefits Person Information Other Organizations

Common Tasks Summary Contacts Bank Information Cases

View Notes  
View Reports  
Submit Inquiry  
Initiate Work  
View Document History  
Generate and Distribute Document

**Maintain**

Addresses  
View Preprocessing Area  
Inquiry List  
Communication Information

**Plan Detail**

**Plan Name:** Blue Shield of California Bay Area/Sacramento  
**Abbreviation:** Blue Shield Bay/Sac  
**Unique Benefit Option Identifier:** 123456  
**Federal Tax ID Number:** 1234567890  
**Plan Type:** HMO  
**Coverage Type:** ☒ Plan Includes Supplemental  
**Benefit Type:** Medical  
**Select:** ☒ Regional Plan  
**Region:** Bay Area/Sacramento  
☐ Self-Funded Plan  
☐ Available Out of State  
☐ CSU FERP  
☐ Binding Arbitration

**Effective Date:** 09/18/2007  
**Active Closed Date:**  
**Termination Date:**  
**End Date:** None

**Plan Available For:**  
☐ State ☒ PA  
☐ CSUC ☒ School

**COBRA Factors:**  
**COBRA:** 2%  
**CalCOBRA:** 10%

**Basic:**  
**Base Plan Code:** 301  
☐ No ZIP Code Restriction

**Supplemental:**  
**Base Plan Code:** 302

**Contact Information**

Plan Contact Type	Contact Address	Contact Phone Number
<a href="#">General</a>	P.O. Box 272520	(800) 334-5847
<a href="#">Payment Entity</a>	P.O. Box 272521	(800) 334-5848
<a href="#">COBRA</a>	P.O. Box 272522	(800) 334-5849

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# my|CalPERS Touchpoint

Health Plan will be able to request a report on-line (via SSN) that provides a summary view of a Subscriber's Health Enrollment.



## Subscriber Health Enrollment Summary

**Subscriber Name:** John Doe

**CalPERS ID:** 1234567890

**Masked SSN:** \*\*\*-\*\*-6438

**Health Enrollment Effective date:** 1/1/2008

Health Benefit Type	Health Plan Name	Party Type	Participant Share	Employer Share	Dependents Name	Date Of Birth	Dependent Type	Coverage Type
Medical	Kaiser Permanente	Self/M&2+/B	\$90.00	\$90.00	John Doe	4/27/1941	Self	Medicare
					Jane Doe	7/1/1945	Spouse	Basic
					John Doe Jr.	2/2/1984	Child	Basic

### Future Health Events

Future Health Event Type	Future Health Event Reason	Future Effective Date
Delete Dependent	23 year Old delete	3/1/2007
Open Enrollment	Open Enrollment	10/1/2007

10/1/2008

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## **On-line Discrepancy Reporting**

Association Plans and Health Carriers will communicate premium and enrollment discrepancies to CalPERS via my|CalPERS.

- Ability to upload and download a file of discrepancies, such as Excel, Word, etc. using my|CalPERS



# my|CalPERS Touchpoint

Health Plans and Carriers will have the ability to add a Discrepancy Report

my|CalPERS

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Billing and Payments

Payroll Schedule

Service Credit Purchase

Health Reconciliation

Common Tasks

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None Identified

Workflow

Update Work Status

Workflow Monitoring

Case

Case Summary

Notes

Related Parties

Inquiries

Business Partner Contact Information

Business Partner:Delta Dental

Address:6589 Hospital Dr.  
Burbank, CA 91510

Phone Number:818-598-2442

Business Partner Category:Public Agency

Premium and Enrollment Discrepancies

Add New

Submitted Discrepancies	Status	Date Submitted	Program Type	Response Sent
<a href="#">DentalReconciliation - SR</a>	In Review	11/28/2007	Dental	

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# my|CalPERS Touchpoint

Health Plans  
and Carriers  
will have the  
ability to  
Upload a  
Discrepancy  
Report

my|CalPERS

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**Common Tasks**

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[Update Work Status](#)

[Workflow Monitoring](#)

**Case**

[Case Summary](#)

[Notes](#)

[Related Parties](#)

[Inquiries](#)

**Upload Premium and Enrollment Discrepancies**

Select Program Type: ☐ Medical  
☒ Dental  
☐ Vision

Title:\*

Discrepancies Include the Following:\*  
☐ Premium - Active (PA)  
☐ Premium - Retired (PR)  
☐ Enrollment - Active (EA)  
☒ Enrollment - Retired (ER)  
☐ Medicare (M)

Upload File: [Submit Documentation](#)

Save & Continue

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Health Benefits Branch

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# my|CalPERS Touchpoint

Discrepancy Reports will be available on-line for download to Health Plan or Carrier's system.

my|CalPERS

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**Common Tasks**

**Workflow**

Update Work Status

Workflow Monitoring

**Case**

Case Summary

Notes

Related Parties

Inquiries

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**Business Partner Contact Information**

**Business Partner:**Delta Dental**Phone Number:**818-598-2442  
**Address:**6589 Hospital Dr.  
Burbank, CA 91510**Business Partner Category:**Public Agency

**Premium and Enrollment Discrepancy Summary**

**Title:**Medical Reconciliation - PA/PR  
**Program Type:**Medical

**Discrepancies**

**Premium Active:**Yes**Premium Retired:**Yes  
**Enrollment Active:**No**Enrollment Retired:**No  
**Medicare:**No

**Premium and Enrollment Discrepancy History**

Title	Date Uploaded	Document Type	Action
MedicalReconciliation - PA/PR	11/28/2007	Request File	<a href="#">Download</a>
MedicalReconciliation - PA/PR	11/30/2007	Response File	<a href="#">Download</a>

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## Zip Code Reporting

- **Annual ZIP Code Changes:**
  - Health Carriers notify CalPERS via upload of the Postal Zone changes
  - Upload accomplished via my|CalPERS interface (refer to Section 6.1 - *Health Carrier Information Packet #, IA50024 – Health Provider Uploads Postal Zone Changes 1)*
- **Monthly ZIP Code Changes:**
  - CalPERS staff notify Health Carriers about monthly ZIP code changes
  - Health Carriers notify CalPERS outside of my|CalPERS whether the ZIP changes should be considered for health enrollment

Annual Zip Code reporting will be conducted via file uploads.

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my|CalPERS

Home Participant Business Partner Reporting Benefits Admin Processes Workflow

Summary Profile Contacts Bank Information Agreements Retirement Enrollment Health Enrollment

Select Contract / Agreement Type  
Upload Data  
View / Modify Staged Data  
Add New Enrollment  
Maintain Existing Enrollment

Search Staged Data

ZIP Code:   
Base Plan Code:   
Staged Status:

Staged Data - Carrier ZIP Code/Plan Relationships
Add New

[View Staging Areas](#)

Select All	ZIP Code	State	County	City	Base Plan Code	Status
<input type="checkbox"/>	<a href="#">93201</a>	California	Tulare	Alpaugh	999	Valid
<input type="checkbox"/>	<a href="#">93202</a>	California	Kings	Armona	999	Valid
<input type="checkbox"/>	<a href="#">93204</a>	California	Kings	Avenal	999	Valid
<input type="checkbox"/>	<a href="#">93207</a>	California	Tulare	CA Hot Springs	999	Error
<input type="checkbox"/>	<a href="#">93208</a>	California	Tulare	Camp Nelson	999	Error
<input type="checkbox"/>	<a href="#">93210</a>	California	Fresno	Coalinga	999	Error

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# my|CalPERS Touchpoint

Annual Zip  
Code  
reporting  
will be  
conducted  
via file  
uploads

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\* Required Fields

**Carrier ZIP Code Data**

Base Plan Code:*	<input type="text" value="301"/>	ZIP Code:*	<input type="text" value="93201"/>
State:*	<input type="text" value="California"/>	County:*	<input type="text" value="Tulare"/>
City:*	<input type="text" value="Alpaugh"/>	Split:*	<input type="text" value="No"/>
Effective Date:*	<input type="text" value="01/01/2007"/>	Active Closed Date:	<input type="text" value="10/01/2007"/>
Termination Date:*	<input type="text" value="01/01/2008"/>	End Date:	12/31/2007

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## Health Enrollment and Demographic Files

- **Daily Health Enrollment Changes:** Health Carriers receive daily health enrollment changes per the ANSI file format including demographic changes via my|CalPERS Interface (refer to Section 5.1- *Health Carrier Information Packet #1, IA50043 – Send Health Enrollment Updates to Carriers*)
- **Health Enrollment Full File:** Health Carriers contact CalPERS staff outside of my|CalPERS to request the full health enrollment file as of a specific enrollment date. File is created in the ANSI file format and made available via my|CalPERS Interface (refer to Section 5.1 -*Health Carrier Information Packet #1, IA50043 – Send Health Enrollment Updates to Carriers*)

## Cancellation of Coverage and RDS

- **Enrollment Cancellation of Coverage:** Association Plans and Health Carriers notify CalPERS of enrollment cancellations due to non-payment for COBRA and direct pay via file transfer using my|CalPERS interface (refer to Section 6.2 - *Health Carrier Information Packet #1*, IA50031 – Health Enrollment, COBRA Enrollment)
- **Validated Retiree Drug Subsidy Data:** Health Carriers will receive validated Medicare eligibility data via file transfer using my|CalPERS interface (refer to Section 5.2 - *Health Carrier Information Packet #1*, IA50029 – Send Validated Retiree Drug Subsidy Data to Carriers)

## Deduction Register File and Report

- **Deduction Register File Transfer:** Association Plans and Health Carriers have the option to receive deduction registers electronically via file transfer (further detail will be provided in the *Updated Health Carrier Information Packet #1* in Early 2009)
- **Deduction Register Report:** Association Plans and Health Carriers may view/download their deduction register through my|CalPERS. List of reports available:
  - Carrier Register Summary Report
  - Carrier Register Report: Summary of Payments Types
  - Carrier Register Report: Payment Details
  - Carrier Register Report: Deletes

# Carrier Register Summary Report



## Carrier Payments Summary Report

Deduction Register For Carrier 0006

Carrier Name : Kaiser Permanente  
California

Business Partners CalPERS ID	Agency Name	Coverage Month	Payment Type	Plan Code	Payee Amount	Employer Amount	Premium Amount
1234567890	Stanislaus Fire Department	7/1/2007	Regular	0662	\$4,560.00	\$34,567.00	\$39,127.00
2345678901	Alvin J. Butler Bank	8/1/2007	Regular	0662	\$4,560.00	\$21,367.00	\$25,927.00
3456789012	City of Oakland	7/1/2007	Regular	0661	\$4,560.00	\$68,379.00	\$72,939.00
4567890123	Alpine Fire Dept	8/1/2007	Regular	0661	\$4,560.00	\$45,320.00	\$49,880.00
3214567890	Alameda Fire Dept	7/1/2007	Regular	0664	\$4,560.00	\$34,345.00	\$38,905.00
5678901234	Bonnie R Lee Museum	8/1/2007	Regular	0666	\$4,560.00	\$567,100.00	\$571,660.00
7890123456	Butte Fire Department	7/1/2007	Regular	0666	\$4,560.00	\$456,200.00	\$460,760.00
9012345678	City of Oakland1	8/1/2007	Regular	0661	\$4,560.00	\$42,134.00	\$46,694.00

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# Carrier Register Report: Summary of Payments Types



## Carrier Register Report-Summary

**Deduction Register For Carrier 0006**

**Carrier Name :** Kaiser Permanente  
California

Payment Type	Total Payee Amount	Total Employer Amount	Total Premium Amount	Total Count
Regular Payments	\$4,567,890.00	\$34,178,904.00	\$38,746,794.00	45678
One- time Payments	\$5,676,890.00	\$74,532,567.00	\$80,209,457.00	34567
Ongoing payment	\$5,678,923.00	\$54,321,678.00	\$60,000,601.00	5643

Total Amounts for Carrier : \$15,923,703.00 \$163,033,149.00 \$178,956,852.00



# Carrier Register Report: Payment Details



## Carrier Register Report- Detail

Deduction Register For Carrier 0006

Kaiser Permanente  
Carrier Name : California

SSN	Participant's Name	Coverage Month	Payment Type	Plan Code	Payee Amount	Employer Amount	Premium Amount
***-**-3456	Smith, Sisco	7/1/2007	Regular	0662	\$0.00	(\$100.00)	(\$100.00)
					\$0.00	\$546.72	\$546.72
***-**-3457	Ben, Jackson M.	8/1/2007	Regular	0662	\$0.00	\$345.00	\$345.00
					\$0.00	\$379.00	\$379.00
		8/1/2007	Regular	0661	\$0.00	(\$200.00)	(\$200.00)
					\$0.00	(\$100.00)	(\$100.00)
***-**-7890	Daniles, Koren	7/1/2007	Regular	0664	\$0.00	\$567.00	\$567.00
					\$0.00	\$345.00	\$345.00
		8/1/2007	Regular	0666	\$0.00	(\$100.00)	(\$100.00)
					\$0.00	\$567.00	\$567.00
***-**-5678	Rollins, Ron	7/1/2007	Regular	0666	\$0.00	(\$200.00)	(\$200.00)
					\$0.00	(\$100.00)	(\$100.00)
					\$0.00	\$567.00	\$567.00

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# Carrier Register Report: Deletes



## Carrier Register Report-Delete

**Deduction Register For Carrier 0006**

**Kaiser Permanente**  
**Carrier Name : California**

SSN	Participant's Name	Plan code	Effective Date	Health Event type
***-**-3456	Smith, Sisco	0661	7/1/2007	Change Health Plan
***-**-1234	Mark, Jasper	0661	7/1/2007	Cancel Coverage
***-**-5434	Ben, Jackson M.	0661	7/1/2007	Change Health Plan
***-**-2678	Jen, Brown	0661	7/1/2007	Cancel Coverage
***-**-3456	Daniles, Koren	0667	7/1/2007	Change Health Plan
***-**-3482	Lawler, Corinne C.	0664	7/1/2007	Cancel Coverage
***-**-2345	Rollins, Ron	0661	7/1/2007	Change Health Plan
***-**-9854	Daniles, Koren	0661	7/1/2007	Cancel Coverage

# Key Dates and Next Steps

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- **February 2009** – Association Plan Meeting
  - Draft agenda items:
    - Update on lessons learned from testing activities
    - Potential updates to Health Carrier Packet
- **June 2009** – Health Carrier Packet #2
  - Cutover approach and activities
- **Fall 2009** – Association Plans will validate that they can share files with my|CalPERS
- **Fall 2009** – Association Plans will start to interact with my|CalPERS